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Section #3

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/844,790	
	<b>Filing Date</b>	April 26, 2001	
	<b>First Named Inventor</b>	Doyle, Michael D.	
	<b>Group Art Unit</b>	2131	
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	46	<b>Attorney Docket Number</b>	021117-000100US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input checked="" type="checkbox"/> Drawing(s) (25 sheets Substitute)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Petition for Filing Patent Application 37 CFR 1.47, Executed Declaration and Power of Attorney, Supplemental ADS, Copy of Notice to File Missing Parts, Return Postcard
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<b>APPLICANTS HEREBY REQUEST A FIVE-MONTH EXTENSION OF TIME TO RESPOND.</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Charles J. Kulas Reg. No. 35,809	
<b>Signature</b>		
<b>Date</b>	1-28-02	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <div>Jan. 28, 2002</div>	
<b>Typed or printed name</b>	Julie Taylor Clough
<b>Signature</b>	
<b>Date</b>	Jan. 28, 2002

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SF 1312255 v1

# FEE TRANSMITTAL for FY 2001

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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1175.00

## Complete if Known

Application Number 09/844,790  
Filing Date April 26, 2001  
First Named Inventor Doyle, Michael D.  
Examiner Name  
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Attorney Docket No. 021117-000100US

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>20-1430</b></p> <p>Deposit Account Name <b>Townsend and Townsend and Crew LLP</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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<p>2. EXTRA CLAIM FEES</p> <p>Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Multiple Dependent <input type="text"/> X <input type="text"/> = <input type="text"/></p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p>SUBTOTAL (2) (\$)</p>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	Reissue claims in excess of 20 and over original patent		<p>Other fee (specify)</p> <p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$1175)</p>																																																																																																																																											
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## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type) Charles J. Kulas Registration No. (Attorney/Agent) 35,809 Telephone 415-576-0200

Signature *Charles J. Kulas* Date 1-28-02

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